Memorial BLOOD CENTERS
A Division of Innovative Blood Resources

METRO
FAX TO: 651-332-7004
CALL STAT ORDERS TO 651-332-7108

DULUTH
FAX TO: 218-740-1521
CALL STAT ORDERS TO 218-740-1520

Routine Order Form

Hospital _____ Date/Time _____ Ordered by _____

Order called to Hospital Services? STAT ☐ ASAP ☐ Routine ☐
NO ☐

YES ☐ HS representative talked to _____

Record quantity for each component ordered in the proper column below Component codes (See key below)					Indicate Special typing CMV neg, other components or comments below
Blood Type	**LPC**	**LPCI Irradiated**	**LPH**	**LPHI Irradiated**	
A POS					
A NEG					
O POS					
O NEG					
B POS					
B NEG					
AB POS					
AB NEG					

Frozen Components					
	FF	**CR**	**E3587**	**CPP**	**FFBU**
A					
O					
B					
AB					

Unit Antigen Typing

Quantity	**Blood Type**	**Component**	**Circle antigens to be negative**
			C, E, c, e, C^w, K, Kp^a, M, N, S, s, Fy^a, Fy^b, Jk^a, Jk^b, other: ____
			C, E, c, e, C^w, K, Kp^a, M, N, S, s, Fy^a, Fy^b, Jk^a, Jk^b, other: ____

Component code key

LPC = Leukocyte Reduced Packed Cells
LPCI = Leukocyte Reduced Packed Cells Irradiated
LPH = Leukocyte Reduced Apheresis
LPHI = Leukocyte Reduced Apheresis Irradiated

FF = Fresh Frozen Plasma
CR = Cryoprecipitate
E3587 = Pooled Cryoprecipitate
CPP = Cryoprecipitate poor plasma
FFBU = Fresh Frozen Baby Units

FOR INTERNAL USE ONLY

Order received by _____ Date/Time _____

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